

## FCDS MONTHLY MEMO

### JANUARY/FEBRUARY 2001

**REMINDER: All FCDS Monthly Memos and quarterly newsletters are available on the FCDS website - <http://fcds.med.miami.edu>**

FCDS continues to prepare for implementation of the year 2001 changes introduced under the new CDC/NPCR requirements. FCDS has not made changes on this scale for five years! The changes include, updating our database and abstracting programs to accommodate several new required data items and the NAACCR record layout Version 9; defining and disseminating information on the new Florida 2001 case identification and reporting requirements; numerous data conversion issues including conversion from ICD-9 to ICD-10 for vital records information and conversion from ICD-O-2 to ICD-O-3; and the new Summary Stage 2000 Manual. All of these changes affect reporting of cases for patients first seen on or after January 1, 2001.

In order to document these changes and disseminate information on the specifics of the changes, we have been working hard to update the FCDS Data Acquisition Manual. We plan to have the new manual printed and ready for distribution by the end of March 2001.

Now the new SEER Summary Stage 2000 Manual in a draft PDF version is available on the SEER website <http://www-seer.ims.nci.nih.gov/>. According to SEER, the PDF version of the new staging manual should not be used for coding. It should be used for training purposes only. Please visit the SEER website for complete information on the timeline for availability of the hardcopy manual, implementation plans, and other important information. SEER has plans for a web-based training module for using the new manual, release date to be announced.

The hard cover ICD-O-3 manuals should be available sometime in late May, according to CDC, SEER and WHO. FCDS has distributed 250 free soft cover ICD-O-3 manuals to Florida hospitals and registrars courtesy of CDC. Please do not contact FCDS for additional copies (we don't have any more).

Cancer registry software vendors have also been hard at work preparing for the 2001 changes. Be sure to contact your vendor to learn more about their implementation schedules for these changes.

FCDS plans to host a series of telephone conferences over the next several months to keep you, your facility administrators, and other interested parties informed and to provide training for new data requirements. Call-in information and PowerPoint slide presentations will be widely distributed and available on the FCDS website (<http://fcds.med.miami.edu>) in the near future.

There are new case identification (casefinding) requirements for 2001 admissions and patient encounters. You MUST confirm with your facility medical records department and/or information systems department that the requirements for programming your casefinding lists are current and correct. Below you will find the 2001 REQUIRED list of ICD-9 codes that must be used to identify cancer cases. You MUST also confirm that both in-patient and out-patient/ambulatory patient encounters are included.

**2001 Case Identification (Casefinding) Requirements**  
**ICD-9-CM Disease Codes**

<b><u>ICD-9-CM Code(s)</u></b>	<b><u>Diagnosis (in preferred ICD-O-3 terminology)</u></b>
* 042	AIDS (review cases for AIDS-related malignancies)
* 140.0 - 208.9	Malignant neoplasms (1 <sup>o</sup> , primary, and 2 <sup>o</sup> , secondary)
* 230.0 - 234.9	Carcinoma in situ – all sites (except cervix – 233.1)
+ 235.0 - 238.9	Neoplasms of uncertain behavior
* 238.4	Polycythemia vera (9950/3)
* 238.6	Solitary plasmacytoma (9731/3)
* 238.6	Extramedullary plasmacytoma (9734/3)
* 238.7	Chronic myeloproliferative disease (9960/3)
* 238.7	Myelosclerosis with myeloid metaplasia (9961/3)
* 238.7	Essential thrombocythemia (9962/3)
* 238.7	Refractory cytopenia with multilineage dysplasia (9985/3)
* 238.7	Myelodysplastic syndrome with 5q- syndrome (9986/3)
* 238.7	Therapy related myelodysplastic syndrome (9987/3)
+ 239.0 - 239.9	Neoplasms of unspecified behavior
* 273.2	Gamma heavy chain disease; Franklin's disease (9763/3)
* 273.3	Waldenstrom's macroglobulinemia (9761/3)
+ 273.9	Unspecified disorder of immune mechanism (screen for potential 273.3 miscodes)
* 284.9	Refractory anemia (9980/3)
* 285.0	Refractory anemia with ringed sideroblasts (9982/3)
* 285.0	Refractory anemia with excess blasts (9983/3)
* 285.0	Refractory anemia with excess blasts in transformation (9984/3)
* 289.8	Acute myelofibrosis (9932/3)
* 288.3	Hypereosinophilic syndrome (9964/3)
* V07.3	Other prophylactic chemotherapy (screen carefully for miscoded malignancies)
+ V07.8	Other specified prophylactic measure
+ V10.0 - V10.9	Personal history of malignancy (review these for recurrences, subsequent primaries, and/or subsequent treatment)
* V58.0	Admission for radiotherapy
* V58.1	Admission for chemotherapy
+ V66.1	Convalescence following radiotherapy
+ V66.2	Convalescence following chemotherapy
+ V67.1	Radiation therapy follow-up
+ V67.2	Chemotherapy follow-up
+ V71.1	Observation for suspected malignant neoplasm
+ V76.0 - V76.9	Special screening for malignant neoplasm
* <i>Required</i>	
+ <i>Optional (review recommended for end-results registries and for registries performing annual patient follow-up activities)</i>	
** <i>International Classification of Diseases, Ninth Revision, Clinical Modification. U.S. Dept. of Health and Human Services, Public Health Service - Health Care Finance Administration; DHHS Publication No. (PHS) 80-1260</i>	

## **CONFIDENTIALITY**

As technology continues to advance, new avenues for data transfer are available. With these advancements comes increased responsibility for the gatekeepers of sensitive, confidential data. It is everyone's responsibility to insure that sensitive data remain confidential and private. Please remember that all patient information is to be kept secure...in your office, in the mail, over the phone, and especially over the Internet! E-mail is NOT a secure route for sending and receiving confidential information...unless it has been encrypted or otherwise safeguarded.

FCDS does not yet accept any data files over the Internet whether encrypted or not. We continue to seek out a secure method for sending and receiving data and other patient information. We expect that with firewall protection and data encryption that we will have a secure system ready for implementation before summer 2001.

In the meantime, vendors, registrars, and everyone using patient data, must remember not to email any data files, corrections or patient inquiries to FCDS.

Again, FCDS is in the process of obtaining the proper tools for data transfer. These tools will be made available to everyone, but not before we are assured that patient information is secure. In the mean time FCDS will continue to only accept patient data and other information via diskette, regular mail or fax.

Also remember that faxes, diskettes, envelopes and any other tools used to house, mail or otherwise transfer confidential data should be marked accordingly. 'C O N F I D E N T I A L'

Continuing on the subject of confidentiality, both the out-going and in-coming United States Presidents continue to address medical information privacy efforts. In conjunction with releasing the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy regulations (set to go into effect February 26, 2001), President Clinton signed Executive Order 13181 to protect the privacy of protected health information in oversight investigations. The December 20 executive order affirms that "It shall be the policy...that law enforcement may not use protected health information concerning an individual that is discovered during the course of health oversight activities for unrelated civil, administrative, or criminal investigations of a nonhealth oversight matter, except when the balance of relevant factors weighs clearly in favor of its use." Clearly, the intent of this executive order is to prohibit the use of protected health information against an individual unless the public interest outweighs the individual's potential injury resulting from the disclosure. The executive order was published in the December 20, 2000, Federal Register and can be obtained at [http://www.access.gpo.gov/su\\_docs/fedreg/a001220c.html](http://www.access.gpo.gov/su_docs/fedreg/a001220c.html).

The Bush Administration has called for a 60-day delay in acting on the effective dates of regulations published in the Federal Register during the final days of the Clinton Administration. It is believed that the memorandum alone will not delay the final HIPAA privacy rule's effective date, because the final privacy rule was issued in accordance with a statutory deadline and not simply a regulation change.

This information was obtained from AHIMA ADVANTAGE E-ALERT, Volume 3, Issue 1. This issue of E-Alert is sponsored by McKessonHBOC. McKessonHBOC, PricewaterhouseCoopers, and the IPA Association of America are cosponsoring a HIPAA Planning, Assessment, and Compliance seminar to provide strategic insight into how to plan for and manage your organization's HIPAA effort. These one-day seminars will be held in seven cities in January. For more information, go to the "Events" section of McKessonHBOC's HIPAA Link site at <http://www.hboc.com/hipaa/hipaa.htm>.

## **SEER WEBSITE**

On the SEER WebSite, there is a new link to tables converting ICD-9 to ICD-10. These conversions are not particularly straightforward and quite cumbersome to use, but they are available free of charge to anyone interested in using them. Additionally, SEER has released the cause of death recodes table for ICD-10 for use beginning with 1999 mortality data. These tables will again be updated for 2001 deaths when the new ICD-O-3 case reporting requirements go into effect. For more information go to the SEER web site at: <http://www-seer.ims.nci.nih.gov/>

## **NOTIFICATION TO NON-COMPLIANT FACILITIES & FACILITIES THAT ARE CHRONIC FCDS POLICY OFFENDERS**

FCDS wishes to acknowledge the fine efforts put forth on behalf of the many reporting facilities that continually meet Florida cancer reporting requirements. Thank you! The Florida statewide cancer surveillance system cannot be effective in its efforts to reduce morbidity and mortality attributed to cancer without the complete and continued cooperation from ALL Florida healthcare facilities.

Meeting cancer reporting and other FCDS deadlines and following FCDS policies and procedures are major components in the Florida legislatively mandated state cancer reporting program. Failure to meet cancer reporting requirements and submission deadlines may be grounds for the suspension and/or revocation of a facility's license to operate. DOH closely monitors facility-specific cancer reporting, particularly in facilities found to be habitually non-compliant. Please, identify and report all of your cancer cases and report them in a timely manner.

Last year a memo was mailed to the administrators of facilities that had been identified as having continued and chronic problems in meeting FCDS cancer reporting deadlines and/or adhering to FCDS policies and procedures. FCDS plans to mail similar memos to identified chronic offenders sometime in early August 2001.

Chronic problems may include but are not limited to:

- ✓ Failure to comply with FCDS Policies and Procedures
- ✓ Failure to meet deadlines for End of Year Reporting
- ✓ Failure to meet deadlines for Death Certificate Notification of Missed Cases
- ✓ Failure to meet deadlines for AHCA Notification of Missed Cases
- ✓ Failure to meet deadlines for Quality Control Projects

If you feel that your facility might be a chronic offender and you would like one last opportunity to avoid being added to this list...contact Steven Peace (305) 243-4602. Steve will provide you with details and a timeline for cleaning up any outstanding cases for which you are still responsible. FCDS does maintain complete records regarding each facility's performance in meeting deadlines, adherence to policies and procedures.

## **1999 DEATH CERTIFICATE NOTIFICATION**

The 1999 Death Certificate Notification Project is underway. This project has been delayed due to awaiting the methodology for the ICD-10 to SEER Cause of Death Recode conversion standards which were recently released. These are available on the SEER website [http://seer.cancer.gov/ScientificSystems/SEERStat/COD\\_1969+.html](http://seer.cancer.gov/ScientificSystems/SEERStat/COD_1969+.html). Sometime in early March you should be receiving notification of patients said to have expired in your facility but not matching any case in the FCDS database. Instructions for completing the notification forms will accompany the mailing.

Both NAACCR and CDC require that all states perform Death Certificate Follow-Back and that the Death Certificate Only Cases (cases for which the only information the registry has comes from a death certificate) represent between 1.5% and 3% of the total annual state caseload. FCDS continues to hover around the 4% mark...so we still have work to do in order to be in compliance with national standards.

FCDS would like to thank all facilities for their timely cooperation in this important annual project.

## **QUARTERLY ACTIVITY REPORT**

The Winter 2000 Quarterly Activity Report was mailed to facility administrators and registries on January 8, 2001. The report summarizes the FCDS file activity for each facility on a quarterly basis. Quarterly reporting (at a minimum) is required by every facility in the state. Therefore, every facility should have some file activity during every quarter of the year. The report documents information about the number and quality of cases submitted during the previous quarter and includes timeliness indicators for reporting. Should you have any questions regarding this report, please contact Steve Peace at 305-243-4602.

## **QUALITY CONTROL**

FCDS continues to review excessive use of "Unknown" values in data submitted, both in aggregate and at the reporting facility level. In the past FCDS quality assurance staff have found several data items with unexpectedly high use of "Unknown" values, including FCDS Primary Payer at First Contact, Race and Ethnicity. These data are almost always available in medical records, either on the face sheet or elsewhere in the record. Please take care when coding variables as "Unknown". Excessive use of "Unknown" effects computations in cancer rates (race and ethnicity coding) as well as requests for data for research (primary payer at diagnosis).

We have recently noted a resurgence in the use of 'Unknown' values in the data item Race. The FCDS QC staff will be mailing out case listings notifying reporting facilities of cases with 'Unknown' Race and requesting that records be reviewed to help identify race for these patients.

*FCDS plans to begin automatically checking the use of 'Unknown' values for key fields in the near future. Batches may be rejected if the use of 'Unknown' is excessive. A standard cut-off for batch rejection will be established and disseminated before we begin to implement this new policy.*

## **FCDS INTERNET SOFTWARE and INTERNET DATA SUBMISSION**

New abstracting and reporting procedures will be implemented for all 2001 patient encounters and admissions. FCDS has made numerous announcements in both the FCDS Monthly Memo and The FCDS Register outlining these changes and the timeline for implementation.

Please remember that FCDS will no longer support the FCDS Incidence Reporting Software, Version 3A as of March 31, 2001. You will still be able to use the software until June 30, 2001, the deadline for reporting all 2000 cases. However, on July 1, 2001 **NO CASES CAN BE ABSTRACTED OR REPORTED USING THIS SOFTWARE.**

FCDS will be implementing a new Internet-based abstracting and case submission procedure for all 2001 cases. The new procedures and the tools for implementing these procedures will be ready for use during the second quarter of 2001, between April 1, 2001 and June 30, 2001. FCDS is finalizing and testing the abstracting module, firewall protection and data encryption tools.

FCDS plans to phase out the use of diskettes for data submission during 2001. Reporting facilities and contractors will need to have access to the Internet in order to submit cases once diskette data submission has been phased out. In order to prepare for these changes, you must gain access to the Internet during 2001.

There will be a multi-phased approach to both phasing out diskette data submission and phasing in the new Internet-based case abstracting and data submission procedures. The first phase will include abstracting and transmitting cases via the Internet. In the future, on-line EDITS will be included as part of the process of abstracting and data submission.

If you have any questions regarding these changes, please contact Mark Rudolph at 305-243-2626.

**Special Note Regarding Facility Administrators and New Requirements:**

Facility administrators will also be made aware of the 2001 Florida cancer reporting requirements. Letters of the new requirements will be mailed to all facility administrators in the next month with a Cc: to registries and contractors. Additionally, FCDS plans to host a call-in teleconference for facility administrators sometime in March so that we provide them with more information on Florida cancer surveillance efforts, FCDS, Florida's mandated cancer reporting requirements and other registry-related information. Call-in information will be mailed out in the near future.

**AMBULATORY CENTERS CANCER REPORTING PROGRAM (ACCRP)**

The 1999 FCDS/AHCA Cancer Case Identification for all ambulatory patient care centers has been delayed due to changes in the Agency for Health Care Administration (AHCA). FCDS will keep you informed regarding upcoming deadlines and possible changes in the ACCRP reporting requirements resulting from these delays.

**EDUCATION**

**FCDS Incidence Training Workshop, March 28-30, 2001**

FCDS conducts semi-annual training workshops for cancer case reporting. The three-day intensive course covers only the basics of cancer reporting for Florida. The March 2001 workshop will NOT cover the 2001 reporting requirements, specifically. The Spring 2001 FCDS Incidence Training Workshop will be held March 28-30, 2001 in Miami at the Holiday Inn, Coral Gables. The cost of this workshop is \$100.00. Please contact Bleu Herard or Betty Fernandez at FCDS for further information at (305) 243-2635.

*(Note: The Autumn 2001 workshop will cover all of the 2001 reporting requirements and will be a completely new course.)*

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**FCRA CTR Exam Review Workshop, February 5-6, 2001**

The Florida Cancer Registrars Association will conduct a two-day **CTR Exam Review Workshop** at the Mayo Clinic in Jacksonville, Florida February 5-6, 2001. This informative workshop will review all of the major components included in the CTR Exam. The cost is \$100. Please contact Mary O'Leary, RHIT, CTR, FCRA Education Chairman, for more information and registration. phone (305) 243-4961, fax (305) 243-5885 or e-mail: moleary@med.miami.edu.

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**COC/ACOS Basic Cancer Registry Training, March 5-9, 2001**

The Commission on Cancer/American College of Surgeons will conduct a 5-day **BASIC CANCER REGISTRY TRAINING** in Chicago March 5-9, 2001. Registration for the program will begin January 2, 2001. The fee for the five-day course is \$500. For more information and details, contact Pat Tary at tary@facs.org.

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**27<sup>th</sup> Annual NCRA Educational Conference, May 21-26, 2001**

The [National Cancer Registrars Association](http://www.ncra-usa.org) will host the **27<sup>th</sup> Annual NCRA Educational Conference** at the Hilton in the Walt Disney World Village, Orlando, Florida May 21-26, 2001. Carol Johnson, president is looking for Florida Registrars and Central Registry volunteers to help staff the hospitality & registration booths as well as the cocktail reception party. Contact Carol Johnson, 301-402-6226, carol.johnson@NIH.gov or contact Edie Kutlus (302) 798-3978, email at [Ekutlus@cppsinc.com](mailto:Ekutlus@cppsinc.com). NCRA (913) 438-6272 or email NCRA at: ncrainfo@goamp.com. NCRA website: [www.ncra-usa.org](http://www.ncra-usa.org). For hotel information visit the Hilton's website at: <http://www.hilton.com/groups/ncr/index.html> or phone the Hilton at 1-800-782-4414

**NAACCR Annual Meeting & Workshops, June 5-7, 2001 – Miami, Florida**

FCDS and the North American Association of Central Cancer Registries (NAACCR) will host the NAACCR Annual Meeting & Workshops June 5-7, 2001 at the Sheraton Bal Harbor Beach Resort, Miami, Florida June 5-7, 2001. For more information contact Megsys Cuadra at 305-243-2625 or 1-800-906-3034.

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**FCRA/FCDS Combined Annual Conference, August 1-3, 2001 – Plantation, Florida**

The Florida Cancer Registrars Association (FCRA) and the Florida Cancer Data System (FCDS) will co-host a combined Annual Educational Conference at the Sheraton Suites, Plantation, Florida August 1-3, 2001. The cost of the conference is \$75. For more information, please contact Donna Acosta, FCRA Program Chair at (561) 362-5156 or Mary O'Leary, CTR, FCDS at 305-243-2640. Program announcements will be mailed the first week of February 2001.

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**DEADLINES**

**HOSPITALS**

Hospitals should now be reporting July 2000 cases.

**AMBULATORY CANCER CARE REPORTING PROGRAM (AACRP)**

1999 Case Identification has been delayed due to changes in AHCA.

FCDS will keep you informed regarding upcoming deadlines and possible changes in the AACRP reporting requirements resulting from these delays.

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Please keep in mind the importance of completing year 2000 reporting on or before June 30, 2001. This year is particularly important for meeting this deadline. FCDS will be converting to Version 9 and all of the new 2001 requirements on July 1, 2001. No 2000 cases will be accepted in the current Version 6 format after June 30, 2001. This also means that no 2001 cases can be accepted before July 1, 2001. If you are currently abstracting 2001 cases and not using all of the new data items or if you try to submit 2001 cases before July 1, 2001...the case(s) will be rejected. They will not be edited except to identify the case as a 2001 case...then it will be deleted from your download. Any 2001 case submitted before July 1, 2001 will have to be resubmitted on or after July 1, 2001.